

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1992

Application or Docket Number

065676

CLAIMS AS FILED - PART I

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE		
TOTAL CLAIMS	14	minus 20 = *
INDEPENDENT CLAIMS	1	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	\$355.00
x\$11=	
x 37=	
+115=	
TOTAL	355

RATE	FEE
	\$710.00
x\$22=	
x 74=	
+230=	
TOTAL	710

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x 37=	
+ 115=	
TOTAL	

RATE	ADDITIONAL FEE
x\$22=	
x 74=	
+230=	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x 37=	
+ 115=	
TOTAL	

RATE	ADDITIONAL FEE
x\$22=	
x 74=	
+ 230=	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x 37=	
+115=	
TOTAL	

RATE	ADDITIONAL FEE
x\$22=	
x 74=	
+230=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>9-22-93</u>		2 Serial/Patent # <u>08-065676</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing	1		\$ <u>290</u>							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
			7 TOTAL AMOUNT OF REFUND \$ <u>290</u>							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">7</td> </tr> </table>		1	2	--	2	1	4	7
1	2	--	2	1	4	7				
<input type="checkbox"/> No Fee Due (Explanation):										
Code <u>201</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Annette Smith</u>		TITLE: <u>Gilm Ex</u>								
SIGNATURE: <u>Annette Smith</u>		PHONE: _____								
OFFICE: <u>Crystl. Br</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Mark S. R. Jant</u>		DATE: <u>9/30/93</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: